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FACSIMILE COVER LETTER

To: Commissioner for Patents
Firm: United States Patent & Trademark Office
Facsimile: 703-872-9306
From: Hans R. Mahr
Frommer Lawrence & Haug LLP
Date: March 1, 2004
Re: U.S. Patent Application No. 09/246,271
Attorney Docket No. 450117-4840
Number of Pages: 17
(Including cover page)
cc:

If you do not receive all pages or are unable to read the transmission, please call and ask for Leeanne (Ex. 5024).

Dear Sir:

In connection with the Application referenced above, the following documents are submitted herewith:

- Fee Transmittal
- Amendment after Final

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00178687

Attorney Docket No. 450117-4840

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Yoeri APTS et al.

Appl. No. : 09/246,271

Filed : February 8, 1999

For : METHOD AND SYSTEM FOR COMMUNICATION BETWEEN
APPLICATION PROGRAMS AND A NETWORK

Art Unit : 2126

Examiner : HO, The T.

COMMISSIONER FOR PATENTS
ALEXANDRIA, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
- ☐ The fee has been calculated as shown below.
- ☐ This is an application of a small entity under 37 CFR 1.9(f).

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number of claims previously paid for*	(5)	(6) Extra claims	(7)	(8) Rate	(9)	(10) Additional fee
Total Claims	21	-	21	=	0	x	\$18	=	\$0.00
Independent Claims	3	-	3	=	0	x	\$86	=	\$0.00
Total Fee for additional claims									\$0.00

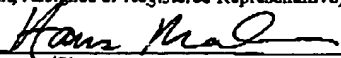
- * If the highest number of total claims previously paid for is less than 20, write "20" in this space. If the highest number of independent claims previously paid for is less than 3, write "3" in this space.
- ** If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

- ☐ A fee of \$0.00 is due to cover:
- ☐ additional claims,
 - ☐ multiple dependent claim(s),
 - ☐ an extension of time. This response is being filed within 1 month(s) following the expiration of the term originally set therefor. This is a petition to request a 1 month extension of time.
- This fee is to be paid by:
- ☐ an enclosed check in the amount of \$0.00.
 - ☐ charging \$0.00 to Deposit Account No. 50-0320.
- ☐ This application contains a multiple dependent claim. The required fee of \$260 ☐ has been previously paid, or ☐ is paid herewith.
- ☒ Please charge any additional fees incurred by this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this paper is being facsimile transmitted to the U.S. Patent and Trademark Office (Fax No. 703-872-9306) on the date shown below.

Hans R. Mahr

(Name of Applicant, Assignee or Registered Representative)


 Signature

Date of Signature: March 1, 2004

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